

**EMT-II REGULATORY TASK FORCE
MEETING MINUTES
March 10, 2005
Rancho Cucamonga City Hall
Rancho Cucamonga, CA**

I.Introductions

Self-introductions were made.

MEMBERS PRESENT	EMSA STAFF PRESENT	ALTERNATES PRESENT	MEMBERS ABSENT	ALTERNATES ABSENT
Debbie Becker	Sean Trask	Louis Bruhnke	Deb Aspling	Howard Fincher
Ruth Grubb	Julie Hamilton		Steve Drewniany	Lawson Stuart
Bruce Haynes	Dan Smiley		Cliff Flud	Steve Tharratt
Larry Karstead			Ron Grider	Chet Ward
Kelly Lazarus			Lisa Howell	
Bonny Martignoni			Frank Maas	
Tom McGinnis			Robert May	
John Pritting			Kathy Ochoa	
Stephanie Rasmussen			Ed Pendergast	
Kevin White			Vicki Stevens	
			Janet Terlouw	
			Tim Williams	

II.Minutes:

- A. Approved with the following two changes:
 - i. Change attendees to show Tom McGinnis was present at January's meeting
 - ii. Correction to spelling of Stephanie Rasumssen's last name

III.Agenda:

Approved with the following change:

- A. Move Item C to Item A regarding the Los Angeles County EMS Agency recommendation to amend the EMT-I Regulations.
- B. Add a new item, Item B – National Scope of Practice Discussions
- C. Add a new item, Item C – Local EMS Agency Survey
- D. Move Item B to new Item D regarding the role and mission of the EMT-II

VI. Old Business:

- A Los Angeles County EMS Agency EMT-I Recertification Recommendation: The major points of discussion of this item are:
 - The major point of discussion is if the Task Force agrees that a public safety agency with a continuing education (CE) program approval and no EMT-I training program approval would suffice as an EMT-I certifying authority.
 - There is a potential for an increase in the number of EMT-I certifying authorities because obtaining a continuing education program approval is much easier than an EMT-I training program approval.
 - With an increase in the number of EMT-I certifying authorities, there will potentially be a proportional increase in inconsistencies amongst the EMT-I certifying authorities.
 - The local EMS agency medical director is responsible for investigating and taking adverse action on an EMT-I certificate. The local EMS agencies are not certifying those EMT-Is, nor

are they receiving certification fees which would off set the costs for conducting investigations and administrative hearings.

- The Task Force agreed that public safety agencies with EMT-I training program approvals that certify and recertify EMT-Is should be able to recertify EMT-Is with CEs.

The Task Force then suggested the following amendment for Section 100058 (a), "The program director of an approved EMT-I training program offered by a public safety agency may certify and recertify an individual public safety personnel who comply with the requirements of this Chapter ~~and who has successfully completed its approved EMT-I course and an approved certifying examination.~~"

The Task Force did not reach consensus on this amendment and made a motion to accept the amended language. The Task Force then held two votes, the first vote was six members in support and two members opposed. The EMSAAC members of the Task Force then requested a revote on the same amendment, which the Task Force approved. The revote came out to five members in support, two members opposed and one member abstained, the motion carried. The EMS Authority will prepare the amended language for public comment.

- B. National Scope of Practice Discussions- Dan Smiley, Chief Deputy Director of the EMS Authority was present update the Task Force on the national discussions concerning four levels of EMS providers; emergency medical responders, EMT-Basic, EMT-Advanced and Paramedic. The first draft of four levels of draft scope of practice received negative comments regarding the 250 hours of EMT-Basic training which, which would have a significantly negative impact on rural EMS. The next draft of the national scope of practice should be released at the end of March 2005 with comments due by the end of June 2005. It is anticipated that the national scope recommendations will be complete by the end of 2005. The EMT-Intermediate is not something that is being supported at the national level. The Advanced EMT is being supported in the urban and rural areas but not in the interfacility transfer (IFT) environments. The major points of discussion at the national level are; Education, Certification, Medical control and ongoing competence. The national discussions recommend four levels, which are:
- a. Emergency Medical Responder – which includes automated external defibrillator, oxygen, bag-valve-mask, spinal immobilization, and some level of licensure is being recommended. This concept is receiving strong support.
 - b. EMT-Basic – There are discussions of enhancing the hours and skills possibly to 130 or 140 hours. There is also a lot of emphasis on competencies. The scope of practice will include self or peer administered Mark – I kits, over-the-counter medications (aspirin, acetaminophen, ibuprofen, activated charcoal). This will also require some form of medical oversight.
 - c. Advanced EMT – Hours of training will be approximately 100 to 150 additional hours of training in addition to the EMT-Basic training. The scope of practice will include:
 - i. Nitroglycerine
 - ii. Esophageal-tracheal tube
 - iii. Inhaled beta-2 agonists
 - iv. Epinephrine
 - v. Glucagon
 - vi. Naloxone
 - vii. Intravenous access
 - viii. 50% Dextrose
 - ix. Nitrous oxide
 - d. Paramedic – No increase in the hours of training, scope of practice to include:
 - i. Endotracheal intubation
 - ii. Percutaneous cric.
 - iii. Plural decompression
 - iv. Blood and blood products (IFT only)
 - v. Administration of paralytics
 - vi. Administration of thrombolytics

vii. 12-lead EKG

The Task Force recommended following the national scope discussions and bring the next draft back to the April 2005 Task Force meeting.

- C. Local EMS agency survey – Copies of the most recent version of the LEMSA survey were provide for the Task Force members.
- C. Role and Mission of the EMT-II – This item was deferred.

IV. New Business

- A. Scope of Practice for Each Module – This item is deferred until the role and mission of the EMT-II can be identified.
- B. Topics of Instruction for the Scope of Each Module - This item is deferred until the scope of practice of each module can be identified.

V. Discussion

- A. Review of Action Items
 - 1. The EMS Authority will obtain more local EMS agency surveys for the next Task Force Meeting.
 - 2. The Task Force members will distribute the national scope of practice matrix with their respective organizations and request input to be forwarded to the EMS Authority for the national discussions.
 - 3. The Task Force members will obtain input from their respective organizations regarding the recommendation from the Los Angeles County EMS Agency pertaining to public safety agencies being EMT-I certifying authorities.
- B. Next Meeting

The next meeting will be on April 14, 2005 at the EMS Authority office in Sacramento.
- C. Adjourn

Recorder: Sean Trask/ Julie Hamilton